Combined Declaration For Patent Application and Power of Attorney									ATTORNEY DOCKET 86622AEK				
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  MULTILAYER OPTICAL COMPENSATOR, LIQUID CRYSTAL DISPLAY, AND PROCESS													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and													
was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which													
priority is claimed: PRIOR FOREIGN/PCT APPLI	ICATION(S) ANI	ANY PRIORIT	TY CLA	IMS UNDER 35 U.S.C.	119:								
COUNTRY APPLICATION NUMBER (# PCT, Indicate PCT)				DATE OF FILING (month/dayyear)	PRIORITY CLAIMED UNDER 35 USC §119  YES NO								
							YES		NO NO				
		<del></del>				<b>-</b>	YE\$		NO NO				
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:  PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):													
THO VISION CA	PPLICATION NUMBER				FILING DATE (mo	and roay/year/							
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:  PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER													
35USC§120; U.S. APPLICATIONS					STATUS (Check one)								
U.S. APPLICATION NUMBER			U.S. FILING DATE		PATENT	ED	PENDING	ABA	NDONED				
PCT APPLICATIONS DESIGNATING THE U.S.													
PCT APPLICATION NO. PCT FILE				J.S. SERIAL NUMBERS ASSIGNED (if any)			<del> </del>	1					
					}								

C	ombin d Dec	ATTORNEY DOCKET 86622AEK										
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.												
Se	end Corresp	ondence to: Patent I	egal Sta	aff	Direct Teleph (name and telepho							
			771 .1									
		Eastmar 343 Sta	Arthur E.	•								
		Rochest	er, NY	14650-2201		585-477-2625 FAX: 585-477-1148						
2	FULL NAME OF INVENTOR	FAMILY NAME Elman	· · · · · · · · · · · · · · · · · · ·	FIRST GIVEN NAME James	SECOND GIVEN I	NAME						
,	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	IZENSHIP						
ľ	CITIZENSHIP	Fairport BUSINESS ADDRESS		New York 14450 USA	USA STATE & ZIP COD	SE (COLINTRY)						
1	BUSINESS ADDRESS	Eastman Kodak Company		343 State Street, Rochester								
2	FULL NAME OF INVENTOR	FAMILY NAME Massa		FIRST GIVEN NAME  Dennis	SECOND GIVEN N	NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	IZENSHIP						
ľ	BUSINESS	Pittsford BUSINESS ADDRESS		New York 14534 USA	USA STATE & ZIP COD	F (COUNTRY)						
2	ADDRESS	Eastman Kodak Company		343 State Street, Rochester	New York 1	4650 USA						
2	FULL NAME OF INVENTOR	FAMILY NAME Anderson		FIRST GIVEN NAME Charles	SECOND GIVEN I	NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY New York 14526 USA		COUNTRY OF CITIZENSHIP USA						
3	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		CITY 343 State Street, Rochester	STATE & ZIP COL							
2	FULL NAME OF	FAMILY NAME	ı ıy	FIRST GIVEN NAME	SECOND GIVEN I							
2	INVENTOR	Ishikawa city		Tomohiro STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	TZENICUID						
0	RESIDENCE & CITIZENSHIP	Rochester		New York 14620 USA	JAPAN	JAPAN						
4	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester		STATE & ZIP CODE (COUNTRY) New York 14650 USA						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CÎTY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP						
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP						
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
	fame	Man	$\mathcal{N}$	emps hase	SIGNATURE OF INVENT	OR 203						
DATE 7-31-03 DATE 7-30-03 DATE 7/3,103												
CIC	NATURE OF IN	EUTOPON (		OF INVENTOR OF	OLONIA THE OF THE STATE							

DATE